## BEST AVAILABLE GOPY

	M	ULTIPI	E DEP	ENDEN	IT CLA	IM	SERIAL N	o. /			FILING D	ATR		
MULTIPLE DEPENDENT CLAIM FEE CALC <sup>**, A</sup> ATION SHEET (FOR USE \ H FORM PTO-875)								10/564581				FICING DATE		
		(FOR US	SE\ _A	FORM I	PTO-875	)	APPLICA	VT(S,						
ļ							CLAIMS			<del></del>				
	AS FILED		AFTER 1 AMENDMENT		AFTER  2 MAMENDMENT			AS FILED		AFTER 1"AMENDMENT		AFTER 2 MAMENDMENT		
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	47	4	22	4		<del>-</del>	TOTAL DEP	<del></del>	<b>4</b>		4		<b>,</b>	
TOTAL CLAIMS	50		26				TOTAL CLAIMS							
PTO - 1360 (	REV. 11/04)						<del> </del>		J.S. DEPART			<del></del>		
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